

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ Rejected N  
 = Allowed I  
 - (Through numeral) Canceled A  
 : Restricted O

Non-elected  
 Interference  
 Appeal  
 Objected

Claim	Date	Claim	Date	Claim	Date
Final		Final		Final	
Original		Original		Original	
105		105		101	
01751		01751		102	
02213		02213		103	
✓		✓		104	
✓		✓		105	
✓		✓		106	
✓		✓		107	
✓		✓		108	
✓		✓		109	
✓		✓		110	
✓		✓		111	
✓		✓		112	
✓		✓		113	
✓		✓		114	
✓		✓		115	
✓		✓		116	
✓		✓		117	
✓		✓		118	
✓		✓		119	
✓		✓		120	
✓		✓		121	
✓		✓		122	
✓		✓		123	
✓		✓		124	
✓		✓		125	
✓		✓		126	
✓		✓		127	
✓		✓		128	
✓		✓		129	
✓		✓		130	
✓		✓		131	
✓		✓		132	
✓		✓		133	
✓		✓		134	
✓		✓		135	
✓		✓		136	
✓		✓		137	
✓		✓		138	
✓		✓		139	
✓		✓		140	
✓		✓		141	
✓		✓		142	
✓		✓		143	
✓		✓		144	
✓		✓		145	
✓		✓		146	
✓		✓		147	
✓		✓		148	
✓		✓		149	
✓		✓		150	

If more than 150 claims or 10 actions  
staple additional sheet here

LEFT INSIDE